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NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
6/24/04 0815hr	<p>(3) 41 Y/O AA ♂ Chronic Rhinitis & Recurrent Cough. Onset 2 yrs mos. ?? Allergies - + Prg Hx Aggravated/Escalated by Tobacco Smoke + Ventilation Ducts esp. 2° sleep top bunk. Reports - Facial & Frontal H/A's</p> <p>(2) C/O return of scalp bumps - Bulb tender +/10 & itchy & heat current - feel like early onset stage Hx same - chronic & last PBX - PCW Partial/Promplete relief bumps - long Hx variety PBX & Temp Prod. but (1) CPOXB, RPD. distress, Aggitation, Tachyp. <ul style="list-style-type: none"> • Ear - ear's intact, mild Retracted, + fluid • Nose - Periorbital Edema & Tenes, fl. Watery sec. • Face - + tender PK's - palpate forehead • Oral - start, & lower, + PV & Mild Erythema Extends 1+ smooth & Erythematous • Mouth 1+ smooth & Erythematous • Abd - POM, SWT, + CT, + mass • Chest - S & R & Wheeze (VS) Temp 98.2 PR 12 HR • Head - Scalp - Occipital & LT. frontal - + Mild tender & Erythema papules & debris (+) crusting <p>OVER) Body - Soreness & Lesion Except Scalp</p> </p>

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

RECORDS MAINTAINED AT

FCI McKean

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex;
Date of Birth; Rank/Grade.)

REGISTER NO.

WARD NO.

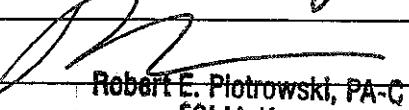
Baker, Darrel 19613-039

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

000024

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
6/21/04	(A) Allergic Rhinitis Cont'd. (B) Folliculitis Cruris - Dermatitis caused re. allergies (hand soap, etc) (+) re. Folliculitis (Nystane, Egg, washing c Soap & avoid occlusive toppings, etc). Via Community Z Tylex/Advil, Allegra tabs, decongestant nasal spray as directed Nasal Inhaler Spray @ 1/2 nose BID (QAM/QNS) #1 C Rx Erythromycin soamy t PO TID x 10d #30 pref. ATC PRN 3 Underpants /apres/ <p style="text-align: center;">Reviewed By V. Geza, PharmD</p> <p style="text-align: right;"> Robert E. Plotrowski, PA-C FOI McKean</p>

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

*Chalk Ball**& diplopia retinopathy function**6/4/04**1450hrs**S/ he says he still sees double looking
upward to the (R) side**C/O pain L eye upper & nasal
Repeats 3 times, may eye in & nose
Pain is related to headache may be permanent**07 field of motion checked &
it's not obvious that the**L eye is lacking exact
coordination with R eye**So it looks like he's getting better
but he still complains of**Diplopia in certain situations**Diagnos - probably no surgery.**At 800 - Diplopia - Blowout Frx**& diplopia retinopathy function**R) P/Ted: no change in pain**Has Following scheduled:*

HOSPITAL OR MEDICAL FACILITY

STATUS

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McKean

3 for Dr Weiss

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

H. BEAM, MD

FCI MCKEAN

WARD NO.

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex;
Date of Birth, Marital Status.)

REGISTER NO.

19613-039

Darryl Baker

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

000026

DATE	SYMPOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
6/9/04 0700	Adm Note I went to townhip to see ophthalmologist
	D. Olson, MD Clinical Director
6/10/04 0700	Adm Note I went returned from township, NSH not notified, ✓ pending consult
	D. Olson, MD Clinical Director
6/16/04 1400	Adm. Letter from Dr. Weis - Har had Blown off x's, Entrapment not resolved p 5 mo - recommends repair and release entrapment under general anesthesia
	I'll discuss it w/m next visit I'll send request to VR / H. Beam
	H. BEAM, MD FCI MCKEAN

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DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
4/30/04 1200 continued	I'm was displeased with my answer I stated I was denying him his medication.
	<i>Violette Geza, PharmD, RPh</i> Chief Pharmacist
4/30/04 1200	Adm Wt I note returned from townsp, V pending Commit
	<i>D. OLSON, M.D.</i>
5/3/04 1500	Adm: Quite functional with degree of impairment as is - "giving 6 months" wait until 3 yrs from the injury - (if dysphagia a strayed abroad) would need a repair -
	<i>CB 5/6/04 s/TO away from Weiss</i>

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
	in CWTG		FCI MCFARLANE <i>REPAIR MO BLACKMAN</i>
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grads.)		REGISTER NO.	WARD NO.
		19613-039	

Baker, Daryl

19613-039

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical RecordSTANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/CMR
FIRMR (41 CFR) 201-9.202-1

000028

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
5/6/04 8/	Cheek, Back & inferior rectus Rx'd (R) blowout Frt - feels some better - Has pain looking up & to R - at most angle of orbit. L upper - feels like he's making progress
1308L	
27	To my exam @ Eam - much better w/ elevation of L eye - diplopia - slight & looks up to R see - Dr Weiss' left glaucometer script O/C - wears glasses (R) diplopia Fundin & inferior rectus - healthy blowout Frt orbit
07	Pred use glauco - Following Dr Weiss & with me I ma look

H. BEAM, MD
FCI MCKEAN

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MEDICAL RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE		
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)			
	Adm:			
4/15/04	Dr Stethopoulos: Haled Fracture (2/21/04)			
1302	C some entrapment of inferior rectus. Reduct & 2 mo i Dr Stethopoulos Outcome is fairly good in that his gaze is convergent in most positions.			
	<i>M Bell</i>			
	H. BEAM, MD FCI MCKEAN			
4/15/04	SI I oped i 1/m and released above			
1330	information as to plan as follows			
	a) -			
	b) Haled Frx (Orbit inferior rectus mind entrapment - Functional outcome reasonably good			
	c) Ptsd - need for seeing & PT plan Dr Stethopoulos' says to Dr Howey for processing - see me 2 wks, Dr			
HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED BY	
SPOILER'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	McKean	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)			REGISTER NO.	WARD NO.
			<i>19613-039</i>	

*Darryl Baker*CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical RecordSTANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

000030

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
4/21/04	Admin - ① msg @ 0900 from Dr. Stathopoulos office -> Dr. Weiss wants to see patient I'll manage this - 1402 WIC - I have I'm down at mainline & explained the plan but not essential detail Rx u/s me in 2wks
(4/3)	② myself almost all breath as PBN - he wants refills -
	Rx PBN 1K 500 mg 1/20 AM #40
	Reviewed By: V. Geza, PharmD
4/30/04	Admin Note
0700	Inmate on towntrip to see ophthalmologist
	D. Olson, MD Clinical Director
4/30/04	Admin Note : Pharmacy
1200	I'm reported to pill line after town trip to pick up medication. Mr. Montgomery had brought samples of Artificial tears to the pharmacy. I stated to the inmate we are not allowed to give out samples from an outside physician. This item is an OTC & is available for purchase in commissary. I'm has sufficient funds to purchase the item & is not considered indigent.
	(continued)

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MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

4/15/04
0930

Allen -

I'm on town trip

*M. Bell*H. BEAM, MD
FCI MCKEAN

4/15/04

Allen

1130

I'm back from town trip

M. Bell

4/15/04

Brief talk c/m -

1230

I'm calling in Stethopodex for update - See new script
more to follow*M. Bell*H. BEAM, MD
FCI MCKEAN

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

RECORDS MAINTAINED AT

FCI McKean

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

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REGISTER NO.

15613-03-17

WARD NO.

Darryl Baker

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
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MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

4/4/04

Allen - I'm on Town Trip

1200

*H. Beam*H. BEAM, MD
FCI MCKEAN

4/9/04

Allen - I'm back from Town Trip

1200

*H. Beam*H. BEAM, MD
FCI MCKEAN

He had CT of orbits today

4/9/04

S) results not yet ready.

1200

PTed - long dissection - probably entrapment of extraocular muscle
and I explained how that happens.
The physiology of it

⊕ Scalp improved.

①. Lateral - EOM - lacks ability to look up with Q eye (gets skin scalp - part was 3x4 cm - now 1 cm diameter)

②. Probable Extraocular muscle entrapment
Probable fungal infection Scalp better FCIReviewed By:
V. Geza, PharmD

P1 PTed - received

HOSPITAL OR MEDICAL FACILITY

Pen VK 500 mg po bid #40

STATUS

DEPART./SERVICE

H. BEAM, MD
FCI MCKEAN

FCI RECORDS MAINTAINED AT

FCI McKeans

SPONSOR'S NAME

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REGISTER NO.

19613-039

WARD NO.

Darryl Baker

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)

Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

000034

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
	Solar
4/12/04 1230	he didn't come down to review CT results I had told him to come at other time on 4/9/04 at that visit
	H. BEAM, MD FCI MCKEAN
4/13/04 1100	Mainline He says he was at HSC yesterday at 13 rd & didn't see him; Explaned it was up - He'll see in Stethoscopy soon CT calls - old Fractures seen (re-read by Dr. Welch after I called).
	Plan await in stethoscopy recommendation
	H. BEAM, MD FCI MCKEAN

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MEDICAL RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)	
3/31/04 1500	<p>Allen:</p> <p>Ditloward's note suggests an 8 cm superior orbital muscle entrainment post injury 2/27/04</p> <p>I talked to Dr Stathopoulos who recommended</p> <ol style="list-style-type: none"> 1) CT of orbits including coronal views; 2 mm segments 2) Flu approx a week later c Dr Stathopoulos <p>I'll submit this all to UK camera</p> <p> H. BEAM, MD FCI MCKEAN</p>	

HOSPITAL OR MEDICAL FACILITY _____ STATUS _____ DEPART./SERVICE _____ RECORDS MAINTAINED AT _____

SPONSOR'S NAME **SSN/ID NO.** **RELATIONSHIP TO SPONSOR** **FCI McKeall**

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

Daryl Baker

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
SFIRM (41 CFR) 201.8-202.1

000036

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
8/20	① Followup April 7th "hordeolum" See previous note -
8/11/07 0930	"when I look up I see double" (Since the assault) ② recent bump back of Scalp ~ 2cm
③	losses of all in AG on extraocular motility testing - he can't look up above the rest point (R eye) lateral movements OK Tender upper aspect of orbital rim (L eye)
	④ infiltrated punctal orifice back (R) Scabs
	AG - probable L superior orbital muscle entrapment
	- Tinea Capitis
⑤	Pt ed upper lid for cosmetic see previous note
	Ketoconazole 200 mg + po QD #21 RFD CB (ms)

Reviewed By:
V. Geza, PharmD

NSN 7540-00-634-6176

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MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
3/25/04 1420pm	41 y/o MA ♂ Sub call copy out re. CT. give 5/10 Trauma 2/27/04 Submitted 3/22/04 - D-Pange Shu. No show - Disch Compromised 3/24/04 Fly via HSCU & Cysol sick call procedure. 5/7/04 CO reported - I'm doing well & go @ release. <u>3/22/04</u>

Robert E. Pietrowski, PA-C
FCI McKean

3/31/04 1130	Adm - see consults ① more to follow on Dr Howard's evaluation ② Has folliculitis on scalp - not sure whether he is, adament response TB Pw, wants some - confirmed on exam
-----------------	--

plan: Pen VK 500 mg qpo id #40

Reviewed By:
V. Geza, PharmD

10/30

H. BEAM, MD
FCI MCKEAN

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	FCI McKean

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)	REGISTER NO.	WARD NO.
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Baker, Darrel 19613-039

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

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NSN 7840-00-634-4176

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MEDICAL RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE		
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)			
3/11/04 1315h	<p>S/ I received a combat Tin Arm dated 3/9/04 from Tin Ym rongy he had problem w/ eye.</p> <p>He was assaulted 2/27/04 S/ suffered contusions about the face back, S/ arm. S/ eye got punched; S/ was sore but cleaned up gles that.</p> <p>In past 5 day, S/ eye crusted up or lower lid & weepy; red No photophobia. S/ sore when looking extremely down</p> <p>O/ look well Eyes: PERRI EOM full - litoteller fundoscopy and Dr. Tat nicely P conjunctiva not red. A cornea was not red. Abrasion lower lid & eye wetting eye</p>			

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			FCI McKean

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)	REGISTER NO.	WARD NO.
	19613-039	

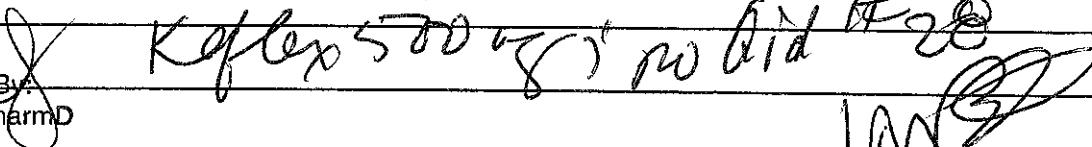
Darryl Balon

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
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000040

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
3/11/09 T34	<p>Denier injury recently or trauma Acuity 20/30 Bi laterally at distance strong - no cones defect @ cones slight edema over frontal sinus</p>
	<p>M blurred lower lid (+ eye -) unsure how this happened I don't think its related to The accident 2/27/09</p>
5/11	<p>P1 Pred. neomax - use ointment Nasal spray 2x/hs Qid (+ eye x 5 days) #1</p>
	<p>Optometry consult 3/17</p>
5/1	<p>after - C10 neomax drops - eye drops - on back of scalp wants ABK</p>
07	<p>wild follicular - back Scalp</p>
M	<p>folliculitis pred - ity gel -</p>
	<p>Keflex 500 mg po bid #28</p>
Reviewed By: V. Geza, PharmD	

NSN 7840-00-634-4178

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MEDICAL RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
9/23/03 0845	No show for scheduled appt, must reschedule J. Glenn FMP-C		
12/4/03 0810	No show for scheduled appt. must reschedule J. Glenn FMP-C		
1-29-04 0755	<p>(a) % head bumps that bleed + cause pain PCN/VR worked. Comes back in 1 month but bumpy.</p> <p>HAS BUMPS OFF + ON SINCE Haircut/imprisonment 4 years ago</p> <p>(b) SCALP: 2 min diffuse pustular papules, scaling + some blood crusts.</p> <p>(c) Scalp Folliculitis</p> <p>1. Erythromycin 500mg t po QIDX 10 day, then 1 po BID. #40 Rx 2</p> <p>2. Bacitracin 5% t po TID prn itchy #15 NR</p> <p>3. Motrin 400mg t po QID prn pain #30 NR</p> <p>4. Pt to go to commissary for: ASA/ASA/IBU when Motrin Rx done, per Selenium Sulfide Shampoo.</p> <p>5. ED: To plan, use of medications, NO SHORT HAIRCUTS.</p> <p>6. Pt understands Rx prn</p>		PAIN: burning/itching + 7/10 + itching
	Reviewed By: V. Geza, PharmD		<i>[Signature]</i>

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
<i>[Signature]</i>			FCI McKean
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.
		14613-039	

Baker, Darryl

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical RecordSTANDARD FORM 600 (REV. 6-97)
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FIRMR (41 CFR) 201-9.202-1

000042

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
2/29/04 0950h	41 y/o AA ♂ s/p assault 2/27/04 See Detention Form MR Robert E. Plotrowski, PA-C FCI McKean
3/9/04 1040 5/11	s. STA sick call. Pt did not have sick call slip, Aw had asked HSA to stop. As Pt was being told this was for sick call he became verbally abusive and belligerent. He was told that his behavior was not appropriate and given another chance to discuss his health issue. He continued his abusive demeanor and language. The visit was ended at this point. Pt. was advised to sign up for sick call if needed to be seen.
O: NAD	well appears exam not completed
A: non-compliance	
P:D Education	behavior is not tolerated, Fm PRN - Pt understands
	<i>Eric Asp PA-C</i> Eric Asp, PA-C FCI McKean

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9/12/02 1220	<p>Install screening done</p> <p>① Known expos. to infec. dis. ② H/H STD'S</p> <p>③ H/H IVDA NKDA</p> <p>④ Head / body lice. ⑤ Suicidal ideations</p> <p><i>Gracia Fairbanks PA</i></p>
	GRACIA FAIRBANKS <i>Physician Assistant</i>
2/28/03 1100	<p>No show for 0830 call-out (sick call appt).</p> <p><i>S. Labozzi</i></p>
	Steven Labrozzi, PA-C Physician Assistant
3-28-03 2240	<p>S: "6 scalp bumps - injection x 3 weeks." States he has had the condition & the only medication that works is PCN VK.</p> <p>Regressis tx.</p> <p>O: NAD. Scalp: 2 patch of black-crusted lesions on crown - back of head, & a few periorbita.</p> <p>A: Full visit to Capita</p> <p>P: PCN VK, 250 mg, 1 tab po qid x 7 days. #28 or r.</p> <p>PT education: re side effects, R/T prn. PT understands. B Saylor, NP</p>
	BONNIE SAYLOR, NP FCI MCKEAN

HOSPITAL OR MEDICAL FACILITY	Reviewed by SPONSOR, MD Date: 13/1/03	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

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Baker, Daryl

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
 PI by GSA/ICMR
 F. 1 CFR/ 201-9.202-1

000044

DATE	SYMPOMS, DIAGNOSIS, TREATMENT, TREATING PHARMACIST	NOTES/INSTRUCTIONS (Sign each entry)
	See report	
3/31/03 <u>1526h</u>	S1 Neglect, Dry nonscaly, scaly, weepy, episodic pruritis has helped my pet ② also scaling of vulva - nocturnal bleedings slremen	T95°
	A) Affected seborrheic	
P)	MED: Hygiene D/C Penicillim Keflex 500mg 7/10 Qd #28 RF0 Selson Shampoo one 2x/wk #1 RF2 CB Pmv	<u>H. Beam</u>
	Reviewed by D. Olson, MD Date: 4/1/03	H. BEAM, MD FCI MCKEAN
	See above	
4/10/03 <u>8:45y</u>	Adam - says he never got Keflex	
	Rx Keflex 500 mg 7/10 Qd #40 RF0 Selson Shampoo one 2x/wk #1 RF2	<u>H. Beam</u>
<u>4/11/03</u> Violet (Pharm) Cindi Pharmacist		H. BEAM, MD FCI MCKEAN

TB Clearance	Yes	<input checked="" type="checkbox"/>	No
2. FTO Completed:	9/14/01		
Results:	mm		
2. CIS Completed:			
Results:			
3. Health Autoxidity			
Clearance:	Cleaned		
Transfer Date:	8/28/02		
Note: Dates listed above must be within one year of this transfer.			

Name <u>Baker, Darryl</u>	Prisoner/Alien Reg. # <u>19613-039</u>	P.O.B. <u>6 130/6d</u>
Departed From <u>FCI Loretto</u>	Date Departed <u>8/30/02</u>	
Destination <u>FCI McKear</u>	Reason for Transfer <u>non-medical</u>	
Dist. Name	Dist. #	Date in Custody <u>1/1/</u>
Current 1. <u>Healthy Male</u>	2. _____	3. _____
Medical 4. _____	5. _____	6. _____
Problems 7. _____	8. _____	9. _____

Additional Comments - Blood and Body Fluid Precautions:

Special Needs Affecting Transportation

Is prisoner medically able to travel by BUS, VAN or CAR? (check all applicable)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not?
Is prisoner medically able to travel by airplane? (check all applicable)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not?
Is prisoner medically able to stay overnight at another facility en route to destination?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not?
Is there any medical reason for restricting the length of time prisoner can be in travel status?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, state reason
Does prisoner require any medical equipment while in transport states?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, what equipment?

Traci L. Tyger, PA-C
Physician Assistant-Cert.

Phone Number
~~10~~ 116-1111

Date Signed
8/28/00

1228
Ivan Navarro, PA

USP Lewisburg

Inmate Received, this date

8/30/02

(Yes) No

Medical History Reviewed

Yes No

Evidence of lice

Yes No

Suicidal Thoughts

Yes No

Recent Assault, Trauma or Abuse

Yes No

Signs and Symptoms of Infect Dse

Yes No

Allergies to Medications

Yes No

Medications

Yes No

Ivan J. Navarro

Ivan Navarro, PA

q-12-02

O.K. For Transfer

USP Lewisburg

Medications Yes No *Ivan J. Navarro*

Ivan Navarro, PA

000047

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

7/19/62

SHU

0820

S - Pt - Scalp lesion.
 HGP c PEN. Says few
 days ago Scalp swell

O NAD

Scalp - Several Scalp crusts

purple

A - Scalp lesion

PC PEN 250 mg 7 gal x 2d

P.R.

O Daily off on SHU

etc Greinke

8/7/62

(SHU)

Pt requesting to continue PEN for

1145

Scalp folliculitis. His previous pt encounters
 Pt has been on PEN for 14 weeks &
 Notes almost completely resolved but feels that
 now has started coming back.

O: A 90X3. NAD

Scalp: few papules on scalp seen to one slightly
 purular. "bleeding" is a small area that has been
 self excoriated. Skin is flesh tone pink. Hair loss

PATIENT'S IDENTIFICATION (Use this space for Mechanical
Imprint)RECORDS
MAINTAINED

DATE

PATIENT'S NAME (Last, First, Middle initial)

RELATIONSHIP TO SPONSOR

STATUS

SEX

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION

DEPART./SERVICE

SSN/IDENTIFICATION NO.

DATE OF BIRTH

FCI LORETTO
Health Services Dept

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
8/7/02	<p>(cont'd)</p> <p>A: Reolving folliculitis</p> <p>P: I educated Pt on findings & no need for prolonged antibiotic tx as they are clearing - will give 1 additional week of follow-up.</p> <p>Rx: Tetracycline 250mg (SHD) Sig: i PO QID X 7d #28 QREFills</p> <ol style="list-style-type: none"> 1. Do not shave or manipulate 2. Educated on skin care 3. RTC daily SHD Rds prn <p style="text-align: right;"><i>[Handwritten Signature]</i> <small>Traci L. Tyree, PA-C Physician Assistant-Cert.</small></p>

NSN 7840-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE		
DATE		SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
7/1/02	Skin	<p>S- Pt E continued esp scalp lesions. Says they bleed at times. Used cream, domper & diclofenac to relief.</p> <p>O- VAD T- No fever</p> <p>Scalp - Multiple small dark papules - few mm to 1cm</p> <p>A- Pseudofolliculitis of scalp</p> <p>P OTC 250 mg 1/2 sd x 2d RXL</p> <p>C Daily after m Skin</p> <p><i>Uncontrolled Rx er</i></p>		
7/7/02	<p>1: 40 yo male who seen in skin pt w/ pruritic scalp. 10^{50} He states that he has been taking the antibiotic prescribed and has decreased the frequency of outbreaks but still to about 3x/week. He states that his scalp is improving / feels better.</p> <p>2: Corporeal 40 yo male on dno</p> <p>Notes hair left hair grow out longer</p>	<hr style="width: 20%; margin-left: 0;"/> <p style="text-align: center;">OVER</p> <hr style="width: 20%; margin-left: 0;"/> <p style="text-align: right;"><i>Dowell</i></p>		
HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT	
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	Baylor University, W.L.D. Clinical Program	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)			REGISTER NO.	WARD NO.

Baker, Darryl
19613-039
FCI LORETTA

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

000050

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
7/9/02 CO 50	<p>per note calmed</p> <p>posterior upper neck well down, red patch type area with no noted bleeding, desquamation or dried blood crusts</p> <p>Area does appear to be somewhat improved since seen</p> <p>6/5/02</p> <p>A/R J for scalp - appear with improvement. Patient instructed to continue avoidance of excessive washing / shampooing. +5 am PCP appt 7/11/02</p> <p>Pri's pt-e now</p> <p><i>Daniel J. Green, MD</i> Family Practice, MD Children's Hospital</p>
7/12/02 SITE	<p>1025 S Pt Reg X for Scalp lesion</p> <p>Sys PCP Dgreen Shll</p> <p>fun lesion on Scalp</p> <p>O - P hairy Scalp papulae</p> <p>Slight crusting on several</p> <p>A - follicular</p> <p>Do PCP 250g = 9.12 X 50</p> <p>O Daily flx in Steen</p> <p><i>Mike Gruber, MD</i></p> <p><i>Ver</i></p>

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPOTMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
5/16/02	3) Pt seen with recurrent Scalp folliculitis - See notes 9/18/01,
0925 SHa	10/18/01 - good results c. Lidex cream
	o) mid Scalp folliculitis
	A) so done
	D) - Lidex cream to area b/s x 14 dp NF + 1
	- P/a daily SHa

Scott M. Middlekauff, PA-C R.N.
SCOTT MIDDLEKAUFF, PA-C/R.N.
PHYSICIAN ASSISTANT-CERT.

5/31/02	3) (SHa) Pt seen on AM 3HU ds. He reports triad(s) 094 ^{error} 05/31/02 of loss & other topical s for tx of folliculitis over 09/5 the last 6 mo or so without resolution and repeat TX. O) ATOX3 Cooperativa Br seen in SHU Ctr SCALP: O) erythematous papules, no/pes over anterior scalp A) folliculitis infectious vs Dyskertical type P) Due to long duration may be dyskertical type - Pt made aware of this & difficulty in tx if cur. involves because of scarring nature
	1. Will trial systemic Tx. Pt reports LTC if unresponsive but aware that may not be able to tolerate. (SHa) DC UOLX Rx Diphenoxylate 250mg Sig: Take 1PO QID X 7d #28 #3 Refills (Year round)

PATIENT'S IDENTIFICATION (Use this space for Mechanical
Imprint) 5/31/02 *Dr. Scott L. Tyger, M.D.*

Scott L. Tyger, M.D.
Clinical Director

Baker, Darryl

19613-039

FOI LORETO
Health Services Dept

RECORDS MAINTAINED AT:	<i>Scott L. Tyger, PA-C</i>	
PATIENT'S NAME	PATIENT'S NAME <i>Scott L. Tyger, PA-C</i>	
RELATIONSHIP TO SPONSOR	STATUS	SEX
SPONSOR'S NAME	ORGANIZATION	
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
6/17/02	Si 39 y.o. black mole seen on S/H in fm back cont request re regards to her scalp rash. He has other bleeding, itching, & ^{some prur} ^{6/17/02} red desquamation of her scalp. He notes that prescription ^{6/17/02} ^{REDFERNC} dicloxacillin did not help. He states as the dicloxacillin be as needed given. He reports washing his head/scalp daily.
	<p>Si: Carpenter 39 y.o. who seen in same call $\text{Temp} = \frac{101}{86}$, ^{6/17/02} ^{SOB} $\text{Temp} = 92^{\circ}\text{F}$</p> <p>back of head will dark, reddened petel type area with no weeping or purulent drainage currently seen. (P) areas of dried blood noted</p> <p>A/F in possible eczema of scalp - he is educated to reduce washing her scalp to only 1-2 x/wk and keep soaps, ^{6/17/02} powders and other materials off of her skin/scalp. He is told to continue to use the dicloxacillin as are given. He is educated that he may have eczema type skin rash and by decreasing washing/scraping what does the skin be may note improvement, but this will occur slowly. He is told to fx in the ad - e in a few weeks of no better, Ryan some of be with sudden worsening. - Dr. J. L. Leonard</p>
	Daniel Leonard, M.D. Clinical Director
	000053

HEALTH RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)		
7/13/00	5) Pt seen with med folliculitis		
13/15	on scalp present & 2 months.		
	a) med folliculitis scalp		
	P) Folliculitis Scalp		
	P) - Selsun Thinner two times weekly x 30 days refill x 2		
	<i>Duff MB</i> MIDDLECAUFF PHC		
7-24-01 12m6 1230	8) Pt c/o 1 month h/o rash on scalp. Denies pruritis, drainage from lesions & F/C. o NAO, ATOX3, ambulatory, T = 97.8F, Skin: On posterior scalp area there is a patch of papules located @ the hair follicle shaft. It crusted yellow scales @ the heads. <i>WTF</i>		
	A) Folliculitis Capitis		
	<ul style="list-style-type: none"> P ① Wash scalp BID w H₂O + Soap ② Avoid cutting hair so short. ③ (Rx) Polysporin apply BID <i>#1 PFX2</i> ④ RTC prn <i>Golden</i>		
	Robin Golden, PA-C Physician Assistant-Cert.		

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

Baker, Darryl
19613-039
FCI LORETTO
Health Services Dept

RECORDS MAINTAINED AT:		
PATIENT'S NAME (Last, First, Middle initial)		SEX
RELATIONSHIP TO SPONSOR		STATUS
SPONSOR'S NAME		ORGANIZATION
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH
		000054

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
9-18-01 AMG 0930	S- Pt continues to s/o "bumpy/dry skin" which is itchy on scalp." x 2 1/2 months, not alleviated by polysporin. Denies: open lesions, diffuse erythema & F/G.
O NAD A=0x3	Ambulatory, T = 98.4°F, (P) parietal scalp area there is 1" x 1" patch of eczema erythemic small vesicular skin. No open lesions.
	KOPP COOPER BV-C
	A Tinea Capitis & eczemic (seborrheic dermatitis) component
P (1) Wash area BID w/ soap & $\frac{1}{2}$ dry thoroughly, probolite	#1
(2) Rx Ketocconazole 2% cream apply BID #1 nfx,	
(3) Rx Lidex 0.05% cream apply sparingly as directed	
BID #1 R/F G	
(4) RTC PRN	Golden PA Robin Golden, PA-C Physician Assistant-Cert.
10-18-01 KAB 0820	S- Pt. reports requesting refill of Lidex cream for scalp. He states the area is much improved but not resolved completely. He denies any pruritis, open lesions or bleeding.
O - NAD A=0x3	
	Temp 98.2°F, 1" x 1" erythematous macular patch @ (P) parietal area w/ scaling, vesicles. Area is not draining + appears to be healing/ resolving.
	A- Tinea Capitis & eczemic component - resolving
P- (1) Cont. to wash area as instructed	
(2) Will refill Ketoconazole	
(3) Lidex 0.05%. cream apply sparingly as directed	
BID #1 ERF	
(4) RTC PRN	Jill M. Krot-Basci PA-S MIDDLE 000055 Kristin Basci

4SN 7540-00-634-4176

CHRONOLOGICAL RECORD OF MEDICAL CARE

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

Baker, Daryl

19613-039

FCI LORETTO
Health Services Dept

RECORDS MAINTAINED AT:			
PATIENT'S NAME (Last, First, Middle initial)		SEX	
RELATIONSHIP TO SPONSOR		STATUS	
SPONSOR'S NAME		ORGANIZATION	
DEPART./SERVICE	SSN/IDENTIFICATION NO.		DATE OF BIRTH

BP-S659.60 MEDICAL SUMMARY
MAY 99

FEDERAL PRISONER/ALIEN I ANSIT CDFRM

U. S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Name <u>Baker, Darryl</u>	Prisoner/Alien Req # <u>79613-034</u>	D.O.B. <u>6/30/62</u>
Departed From <u>McKee</u>	Date Departed <u>6-30-00</u>	
Destination <u>Loretto</u>	Reason for Transfer <u>Non Medical</u>	
Dist. Name	Dist.#	Date in Custody <u>— / — / —</u>

Current 1. EHM 4. _____
Medical 2. Poly sub. abuse 5. _____
Problems 3. ch. t BP 6. _____

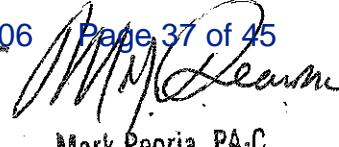
Additional Comments - Blood and Body Fluid Precautions

Special Needs Affecting Transportation

Is prisoner medically able to travel by BUS, VAN or CAR?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not?
Is prisoner medically able to travel by airplane?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not?
Is prisoner medically able to stay overnight at another facility en route to destination?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not?
Is there any medical reason for restricting the length of time prisoner can be in travel status?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, state reason
Does prisoner require any medical equipment while in transport status?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, what equipment?
Sign and Print Name - Certifying Health Authority <i>[Signature]</i>	Phone Number <i>814-362-8900</i>	Date Signed <i>6/28/07</i>

Record copy - Transporting Officer: Copy - Health Record (Top page Position one); Copy - Transferring Officer

Inmate Received this day 3/17/2006
Medical History Reviewed _____
Evidence Body Lice Yes No X
Medications Yes Yes No No *


Mark Peoria, P.A.-C.

7/7/00

O.K. For Transfer

USP Lewisburg

Medications Yes Yes No No ✓


Edgardo Ong P.A.

Received 7/7/00 Byich TA C
Byich

000059

HEALTH RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)		
2/25/99 1300	Patient Name: Patient Dose Special Instructions Understood C. Gelsick, R.Ph	See injury Report. <i>Eric Ober</i> W. Flatt, MLP	
8/19/99. 0805	S - LBP + 1/2 old injury C/o muscle spasm. C/o Pain & Ant Flexion @ waist. O - + Spasms bilat Lumbosacral. + Pain & Ant Flexion to 30°. A - LBP - spasm. I - Motrin 40mg i or t 1 Dpm. #15 x1 Pted. Muscle Toning is Most Alert Indicators R/T pain.	<i>Eric Ober</i> W. Flatt, MLP	
12-15-99 0730	See injury report	Eric Kessel Eric Kessel, SR. EMT - Paramedic	

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS MAINTAINED AT:		McKean	
PATIENT'S NAME (Last, First, Middle Initial)		SEX	
Baker, Danny			
RELATIONSHIP TO SPONSOR		STATUS	
SPONSOR'S NAME		ORGANIZATION	
DEPART./SERVICE	SSN/IDENTIFICATION NO.		DATE OF BIRTH
	19613-039		0000060

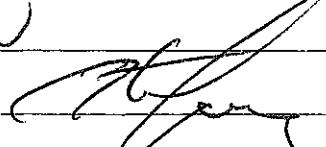
HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
12-30-96	S: pt. still Having pain
0905	O: pt. Has Tenderness palpation over spinous muscle area L-S area. Ø erythema or swelling, can bend forward ~20°, pain on straight leg raise both sitting or lying, good strength, DTR's +2, N-V intact A: muscle sprain
PATIENT EDUCATION	<p>P: 1. PATIENT EDUCATION PROVIDED - ice, meds, rest</p> <p>2. Motrin 800 mg. t PO TID, x 15, no refills</p> <p>3. F/u PRN</p> <p>4. idle 2 days</p>
	S. Walter P.A.
11/25/97	s- Pain (1) side of Neck - onset sudden, white, on/off lifting wts.
	O- edema. + focal Tenderness (1) ant respect extends to (L) Shoulder,
	A- Muscle Strain (1) side of Neck Motrin 800 mg t 2 i/t 1/d x 1 It cd moist heat QID understand. Rest today
	Walter P.A.
	PATIENT EDUCATION
	<input checked="" type="checkbox"/> Dosage
	<input checked="" type="checkbox"/> Specific Instructions
	<input checked="" type="checkbox"/> Adverse Reaction
	C. Gelsick, R.P.H. (M)

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS MAINTAINED AT:	FBI MCKEAN HEALTH SERVICES	
PATIENT'S NAME (Last, First, Middle initial)		
Baker, Darryl	SEX	
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
SPONSOR'S NAME		ORGANIZATION
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH
	19613-039	000062

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
5/23/98 0820	<p>S - C/o <input checked="" type="checkbox"/> LBP 2^o to lifting w/o in gym <input checked="" type="checkbox"/> bending</p> <p>O - Back - <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> painless muscle spasm L3-S₁ Flex 90^o, neg S/LR</p> <p>P - <input checked="" type="checkbox"/> L/S strain</p> <p>P - <input checked="" type="checkbox"/> I.D. x 2 days</p> <p><input checked="" type="checkbox"/> Motrin 80mg TID Pm #21 Rx</p> <p><input checked="" type="checkbox"/> PATIENT EDUCATION - back exercises given, rest, heat, med use, & heavy lifting in gym pt understands</p> <p><input checked="" type="checkbox"/> Rx C if & better </p> <p>PATIENT EDUCATION</p> <p><input checked="" type="checkbox"/> Dosage</p> <p><input checked="" type="checkbox"/> Special Instructions</p> <p><input checked="" type="checkbox"/> Adverse Reaction</p> <p>C. Gelsick, R.Ph.</p> <p>D. OLSON, M.D.</p>
5/19/98	<p>5/19/98 spf of BP (max pull) - bent over lifting at 0645 last pt - was ok but now painful - no back trouble <input checked="" type="checkbox"/> education -</p> <p>From CS flexion OSR w/ T/S <input checked="" type="checkbox"/> patient is needs intact post strength</p> <p>A LBP under strain than S and 2^o x w/ off P.T. x 1c 2^o team seen</p> <p>TBU 800, i Td #9 2 gms std</p> <p>PATIENT EDUCATION - avoid heat clusters Exercise x 1wk RT pain</p> <p><u>5/19/98</u> </p> <p>T. Montgomery, MLP</p> <p><input checked="" type="checkbox"/> Dosage</p> <p><input checked="" type="checkbox"/> Special Instructions</p> <p><input checked="" type="checkbox"/> Understood</p> <p>C. Gelsick, R.Ph.</p> <p>D. OLSON, M.D. CLINICAL DIRECTOR</p>

NSN 7540-00-634-4178

600-108

HEALTH RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE		SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)	
3.11.96 08:25		<p>S - pt. C/o of headache, sinus problem, pain in the neck + back since 3 days now.</p> <p>O - Temp: 97.5</p> <ul style="list-style-type: none"> - tenderess in the right side of the neck, localized. the upper neck is the anterior cervical area, - throat: normal - NO N: normal - ears: normal - nostrils: normal and tenderess in the nasal area, nasal stuffy nose. <p>A - Sinusitis, Viral syndrome.</p> <p>T - ① Induced Temp QID #20</p> <p>② Tylenol 225 mg suspension prn x 30</p> <p>③ PATIENT EDUCATION PROVIDED to drink a lot of fluid.</p> <p><i>Mohab Sidhom, FNP, PA</i> MOHEB SIDHOM, FNP, PA</p>	
<p style="text-align: center;">X</p>			

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS MAINTAINED AT:	FCI, McKean	
PATIENT'S NAME (Last, First, Middle Initial)	SEX	
Baker, Danny		
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
SPONSOR'S NAME		ORGANIZATION
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH
	19613-039	

5-13-96 S: "Hurt back" 5-11-96. in Gym, wgt lifting + chair, soay.
 1007 exercises pulled muscle in L.B.
 Vision O: Eyes of back flexes to 75° Ext to 20°
 P.H.A. pronator spn tenderness in upper paraspinal lumbos
 area & 5 L.R. Cervical/Pelvic reflexes active/normal
 can walk on toes w/o difficulty, gait normal
 A: L.B., muscle spasm

P: **PATIENT EDUCATION PROVIDED** Condition meds discussed cldx 2d

GELSICK, R PH warm moist heat / Brusque pain

Cys Motrin 400 + qid Pow #20
 Brusque 500 + qid Pow #12
 Rx: Pow

[Signature]
P. GUNTER, MD

5/21/96 S: Patient second trauma to
 0900 back.

O: Back: 3cm diameter tender area
 Swelling, subscapular tenderness

A: upper back trauma

P: O/TB 400mg

+ PO 20x1#21

[Signature]

O. Connely

OWEN CONNELLY, FMG, PA

12-26-96 See injury report

1830

S. Walter P.A.

PATIENT EDUCATION

Dosage

Special Instructions

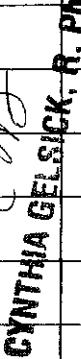
Adverse Reaction

C. Gelsick, R.P.H. *[Signature]*

SHARONE A. WALTER
PHYSICIAN ASSISTANT

NSN 7540-00-634-4176

600-108

HEALTH RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)		
10/18/95 1730	Intake Screening, → QPD 10/4/95 <i>D.K. PEL, FNP-C PA</i>		
11/8/95 1160	Physical exam, D.P. <i>D.K. PEL, FNP-C PA</i>		
11/13/95	S - see above		
1400	O - WBC 3,300 A - ① Leukopenia P - ① ✓ CBC		
11/20/95 09:25	<p>S: Pt refers muscular spasm on back of Rt Shoulder since 5 days ago, P/M exercise W/dried trauma</p> <p>O: Alert, W/O, muscular spasm on Rt back, id swelling/echinosis skin. No motor deficit.</p> <p>A: Muscle Spasms</p> <p>Q: Motrin 200 mg 3 hrs #30 w/ food, apply hot Robegan 500, instat then 7/8 hrs #15 topically.</p> <p>R: Rx today 11/20/95 <i>D.PEL</i></p>		
 CYNTHIA GELSLICK, R.N.		<i>OLSON, MD</i> <i>CLINICAL DIRECTOR</i>	

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS MAINTAINED AT:		
PATIENT'S NAME (Last, First, Middle Initial)	SEX	
<i>Bates, Darryl</i>		
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
SPONSOR'S NAME		ORGANIZATION
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH
	<i>19613-739</i>	

12/28/95 P.D. by O knee pain - static, evening, worse
 11/05 walking & 1wk ago sprained knee
 in car - swelling has improved
 o small fluid sac/poof, O bursa, (-)
 X-ray - no fracture, O meniscus
 A knee strain in off season
 P Motrin 400 + - 200 mg #20
 Raloxacin 500 + Q.D. #12
 No Sport
PATIENT EDUCATION PROVIDED
 RTC P.R.

M. Gomez, F.M.G. PA

CYNTHIA GOMEZ, F.M.G.
 Jams Screened for Adverse
 Reaction and Harm by Rx
 therapy

1/30/96 S: refer pull muscle x 3 day after doing exercise
 09:35 O: Alert W/O RT injured on/off when walking
 skin (mild) w/ swelling, no ecchymosis, no direct trauma hx., no motor deficit
 A: Muscle sprain/strain
 P: ① Motrin 800 + / 8 hrs w/ food, #20
 ② Raloxacin 500 + / 6-8 hrs #12
 ③ Idle x 1 day.
PATIENT EDUCATION PROVIDED
J.M. Gomez, F.M.G. PA